



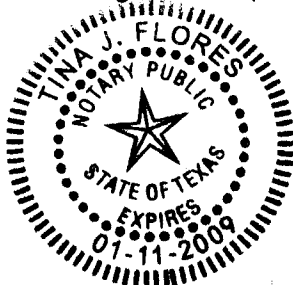
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Filer name HOWARD W. PEAK	Account #
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OFFICE USE ONLY CITY OF SAN ANTONIO CITY CLERK	
Date Received 08 JAN 11 AM 11:05	
Date Hand-delivered or Date Postmarked	
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the OFFICE OF THE CITY CLERK report due on 1-15-08. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



NOTARY STAMP / SEAL

Howard Peak
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Howard Peak this, the 11th day of

January 2008, to certify which, witness my hand and seal of office.

<u><i>Tina J. Flores</i></u>	<u>TINA J. FLORES</u>	<u>Notary</u>
Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
COVER SHEET PG 1

08 JAN 11 AM 11:05
4

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

HOWARD
PEAK

W.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

238 MEDFORD Dr.
SAN ANTONIO, TEXAS 78209

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 826-5481

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CHARLIE
AMATO

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9311 SAN PEDRO SAN ANTONIO, TEXAS 78216

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 525-1241

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

01 / 01 / 07

12 / 31 / 07

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

HOWARD W. PEAK

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
08 JAN 11 AM 11:05

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,772.29

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

23,581.45

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Howard W. Peak

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Howard Peak, this the 11th day of January, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

HOWARD W. Peak

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/3/07

5 Payee name

UNITED WAY

6 Payee address; City; State; Zip Code

700 S. ALAMO, San Antonio, TX 78205

7 Purpose of expenditure (See instructions regarding type of information required.)

CONTRIBUTION

8 Amount (\$)

1,182.29

☒ Reimbursement from political contributions intended

Date

9/3/07

Payee name

LOVE OF KIDS AND HARLEYS

Payee address; City; State; Zip Code

c/o 320 E. Nakoma, San Antonio, TX 78216

Purpose of expenditure (See instructions regarding type of information required.)

CONTRIBUTION

Amount (\$)

1,000.00

☒ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 12 FILER NAME HOWARD W. Peak

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8

Amount
(\$)

9/22/07

HOWARD W. Peak

6 Payee address; City; State; Zip Code

238 MEDFORD DR, San Antonio TX 782092,182.29

7 Purpose of expenditure (See instructions regarding type of information required.)

REIMBURSEMENT - SEE SCHEDULE G

Date

Payee name

Amount

12/19/07

HUMANE Society

Payee address; City; State; Zip Code

4804 FREDRICKSBURG, San Antonio TX 78229

Purpose of expenditure (See instructions regarding type of information required.)

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CITY OF SAN ANTONIO
CITY CLERK
JAN 11 11:05 AM '08

Date

Payee name

Amount

12/19/07

RESpite CARE

Payee address; City; State; Zip Code

605 BELKNAP, San Antonio, TX 78212

Purpose of expenditure (See instructions regarding type of information required.)

150.00

Date

Payee name

Amount
(\$)

12/19/07

ANIMAL DEFENSE LEAGUE

Payee address; City; State; Zip Code

11300 NACOGDOCHES, San Antonio TX 78217

Purpose of expenditure (See instructions regarding type of information required.)

150.00

Date

Payee name

Amount
(\$)

9/15/07

Downtown ALLIANCE

Payee address; City; State; Zip Code

515 E. Houston St, San Antonio, TX. 78205

Purpose of expenditure (See instructions regarding type of information required.)

Membership140.00

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED